



TRANSMITTAL FORM

to be used for all correspondence after initial filing)

Application Number	10/536,885			
	Filing Date	May 31, 2005		
	First Named Inventor	Ebrahim Firoozabady		
	Art Unit	6613		
Total Number of Pages in This Submission		6	Attorney Docket Number	63-000600US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> Request for Reconsideration <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Receipt Acknowledgement Postcard <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Copy of Notice to File Missing Parts <input type="checkbox"/> Interview Summary <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> Change Entity Status	<input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Cited References <input type="checkbox"/> Copy of PCT Search Report <input type="checkbox"/> Copy of EP Search Report <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Copy of Filing Receipt – marked-up <input type="checkbox"/> Replacement/Supplemental Application Data Entry Form <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Fee Address Indication Form	<input type="checkbox"/> Executed Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Certificate of Assignee <input type="checkbox"/> Copy of Executed Assignment (Not for Recordation) <input type="checkbox"/> Sequence Listing Statement <input type="checkbox"/> Sequence Listing Paper Form <input type="checkbox"/> Drawings <input type="checkbox"/> Letter to Official Draftsperson <input type="checkbox"/> Replacement Specification – Marked-Up <input type="checkbox"/> Replacement Specification – Clean Copy
Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Quine Intellectual Property Law Group P.C.		
Printed name	Jonathan Alan Quine	Reg. No.	41,261
Signature			
Date	April 1, 2011		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Deborah Barragan		
Signature		Date	April 1, 2011

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL **For FY 2009**

Complete if Known

Application Number	10/536,885
Filing Date	May 31, 2005
First Named Inventor	Ebrahim Firoozabady
Examiner Name	Russell Kallis
Art Unit	6613
Attorney Docket Number	63-000600US

☐ Applicant claims small entity status. See 37 CFR 1.27
TOTAL AMOUNT OF PAYMENT**(\$)** 140.00**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify) Deposit Account
☒ Deposit Account Deposit Account Number: 50-0893 Deposit account name: Quine Intellectual Property Law Group, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195
Multiple Dependent Claims		
Fee (\$)	Fee Paid (\$)	

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

-20 or HP =

X

=

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

-3 or HP =

X

=

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
 -100 / 50 = (round up to a whole number) X =

4. OTHER FEE(S)Other: Submission of Terminal Disclaimer.Fee Paid (\$)**140.00**

Other:

Other:

Other:

Other:

SUBMITTED BY

Signature	<i>Jonathan Alan Quine</i>	Registration No. (Attorney/Agent)	41,261	Telephone	
Name (Print/Type)	Jonathan Alan Quine	Date	April 1, 2011		